Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

|  |  | CLAIMS A                                    | S FILED -                          | PART  | 1                |                  | s           | SMALL ENTITY      |                        |                                       | OTHER               | OTHER THAN             |  |
|--|--|---|------------------------------------|---|------------------|------------------|-------------|-------------------|------------------------|---------------------------------------|---------------------|------------------------|--|
|  |  |   | (Column 1)                         |   | (Colu            | (Column 2)       |             | TYPE              |                        | OR                                    | SMALL ENTITY        |                        |  |
| TOTAL CLAIMS   |  |   | 21                                 |   |                  |                  |             | RATE              | FEE                    | ]                                     | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED                       |   | NUME             | BER EXTRA        | E           | BASIC FEE         | 385.00                 | OR                                    | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 minus 20=                        |   | *                |                  |             | X\$ 9=            |                        | OR                                    | X\$18=              | 18                     |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                          |   | * \              |                  |             | X43=              |                        | OR                                    | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESEN  |  |   |                                    |   |                  |                  |             | +145=             |                        | OR                                    | ÷290=               |                        |  |
| * If   | the difference                                 | e in column 1 is                            | ess than zero, enter "0" in column |   |                  | column 2         | L           | TOTAL             |                        | OR                                    | TOTAL               | 788                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                    |   |                  |                  |             |                   |                        | ] •                                   | OTHER               |                        |  |
|  |  | (Column 1)                                  |                                    | (Colun  | nn 2)            | (Column 3)       | ;           | SMALL             | ENTITY                 | OR                                    | SMALL               |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | HIGHI<br>NUME<br>PREVIO<br>PAID F             | BER<br>OUSLY     | PRESENT<br>EXTRA |             | RATE              | ADDI-<br>TIONAL<br>FEE |                                       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                              | **  | •                | =                |             | XS 9=             |                        | OR                                    | X\$18=              |                        |  |
|  | Independent                                    | * ENTATION OF MU                            | Minus                              | ***   | C) All (         | = -              |             | X43=              | -                      | OR                                    | X86=                |                        |  |
|  | FINST PHESE                                    | ENTATION OF IVIC                            | JETIPLE DEF                        | PENDENT                                       | CLAIM            |                  |             | +145=             |                        | OR                                    | +290=               |                        |  |
|  |  |   |                                    |   |                  |                  |             | TOTAL<br>DIT. FEE |                        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 3)                                  | 70                                 | ,DII. I EE                                    |                  |                  |             |                   |                        |                                       |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | HIĞHE<br>NUMB<br>PREVIO<br>PAID F             | BER<br>USLY      | PRESENT<br>EXTRA |             | RATE              | ADDI-<br>TIONAL<br>FEE |                                       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                              | **  |                  | =                | ,           | X\$ 9=            |                        | OR                                    | X\$18=              |                        |  |
| AME  | Independent                                    | *   | Minus                              | ***   |                  | =                |             | X43=              | -                      | OR                                    | X86=                |                        |  |
| لـــــا  | FIRST PRESE                                    | NTATION OF MU                               | ILTIPLE DEP                        | ENDENT  | CLAIM            |                  |             | 145=              |                        |                                       | +290=               |                        |  |
|  |  |   |                                    |   |                  |                  | <u> </u>    | TOTAL             | ·                      | OR OR                                 | TOTAL               | •                      |  |
|  |  | (Column 3)                                  | ADI                                | DIT. FEE <b>L</b>                             |                  | On A             | ODIT. FEE   |                   |                        |                                       |                     |                        |  |
| MEN  | ,  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                    | (Colum<br>HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA | F           |                   | ADDI-<br>IONAL<br>FEE  |                                       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * '   | Minus                              | **  |                  | = .              | \ \ \ \ \ \ | <b>(\$ 9=</b>     |                        | OR                                    | X\$18=              | ,                      |  |
|  | Independent                                    |   | Minus                              | ***   |                  | =                | <b> </b>    | K43=              |                        | OR                                    | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |   |                  |                  |             |                   |                        | Ī                                     |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                    |   |                  |                  |             |                   |                        | OR                                    | +290=               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT |  |   |                                    |   |                  |                  |             |                   |                        |                                       |                     | ·                      |  |